

ATTACHMENT A

Required Contents County Funding Requests for the Mental Health Services Act (MHSA) Community Program Planning

Counties must submit a Funding Request to DMH to receive funding for MHSA Community Program Planning. The purpose of this planning is to provide a structure and process counties can use, in partnership with their stakeholders, in determining how best to utilize funds that will become available for the MHSA Community Services and Supports component.

The deadline for submittal of all county Funding Requests is **March 15, 2005**. As a convenience for those counties with Funding Requests that are completed sooner, DMH will review, starting February 15, 2005, any Funding Requests received by that date. Counties can expect DMH approval or disapproval within thirty days of either of the above dates of submittal.

Required Contents of Funding Request

Funding Requests must provide information in the following six areas:

1. Community Program Planning must include consumers and families.

Community Program Planning must include meaningful involvement¹ of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities. With that goal in mind, counties must provide the following:

- a) A description of the outreach and other activities by which the county will insure comprehensive participation from diverse consumers and families.
- b) An explanation of the ways in which Community Program Planning will reach out to individual consumers and families who may not belong to organized advocacy groups.
- c) An explanation of the ways in which Community Program Planning will reach out to consumers and families who may have been previously underserved or unserved whether by reason of race/ethnicity, language differences, cultural competence, geographic location or other factors.

¹ Meaningful involvement implies that consumers and families can provide feedback and are provided feedback in return. The MHSA strives to “ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in decision and recommendations” WIC Section 5846. County Community Program Planning should mirror this commitment.

- d) An explanation of the anticipated methods to be used to obtain consumer and family involvement. These may include but are not limited to: surveys, focus groups, interviews, conference calls, client advisory committees, consumer and family group meetings, public meetings, public hearings, town hall meetings, video conferences, media announcements and other methods.
- e) For counties that do not yet have established consumer and family groups participating in county mental health program policy and planning, describe a process by which this resource will be initiated and sustained.
- f) A description of any financial or additional supports (such as stipends, childcare, supplemental meals, housing, transportation assistance) the county will supply to assure consumer and family involvement in the planning process. Clearly indicate the anticipated kinds and costs of various forms of assistance that will be provided, if applicable.

2. Community Program Planning must be comprehensive and representative.

Community Program Planning must include active participation by stakeholders in the county if it is to be effective and inclusive. With that requirement in mind, counties must provide the following:

- a) Besides consumers and families, WIC 5848(a) requires participation in local plan development by the following stakeholders: providers of services, law enforcement agencies, education, and social services agencies. Provide a description of ways in which these stakeholders will be involved in Community Program Planning. Counties should also consider outreach to representatives of the following:

Child welfare	Mental health providers
Education	Special education
Community health clinics	Primary care providers
Alcohol and drug	Probation
Law enforcement	Mental Health Bds/Commissions
Judges and public defenders	Housing
Veterans	Employment
Labor	Criminal justice
Developmental disabilities	Ethnic-specific service providers
First Five Commission	Schools
Acute care	Health and public health
Work Force Investment Boards	Senior services providers
Veterans groups	Peer mental health providers
Foster care agencies	Homeless service providers

Please Note: This suggested list is not meant to be universally applicable nor exhaustive. DMH anticipates that each county will have representatives of not only the critical stakeholders identified by the MHSA but also organizations and groups of stakeholders that may be unique to their community.

- b) A description of the ways in which Community Program Planning will insure stakeholder diversity that reflects the demographics of the county, including geographic location, age, gender, and race/ethnicity.

3. There must be clear designation of responsibility within the county for Community Program Planning and the planning process must be adequately staffed to be successful and inclusive.

Counties must provide answers to the following:

- a) Who in the county mental health department will have the overall responsibility for the planning process and what percentage of time of the person(s) will be so committed?
- b) Who will handle the organizational work of the planning process and what percentage of time of the person(s) will be so committed?
- c) Who will be responsible for ensuring participation of stakeholders from underserved or unserved populations of consumers and families and what percentage of time of the person(s) will be so committed?
- d) Who will be responsible for ensuring participation of stakeholders who are ethnically diverse and what percentage of time of the person(s) will be so committed?
- e) If consultants will be used for any of the above functions, explain how their activities, work products and planning will be integrated into the existing county mental health department structure.
- f) A list of the county, consultant and other staff² expected to participate in Community Program Planning by function and percentage of time committed to the planning process.

² These designated staff must have:

- I. Knowledge of integrated community systems and supports necessary across the age span;
- II. Knowledge of mental health disparity issues and cultural competence; and
- III. Knowledge of the values of consumer and family involvement in program planning.

4. Full participation in Community Program Planning requires training of stakeholders and staff in advance.

Counties must provide the following:

- a) A description of the types and amounts of training the county will provide, using Community Program Planning funds, to address the information needs of at least the categories of stakeholders listed below:
 - Consumer and family training
 - Mental health management and supervisor training
 - Mental health line staff training
 - Mental health contractor training
 - Training for other agency personnel who have direct contact with mental health clients, such as teachers, child welfare workers or probation officers. This should include training for line staff as well as managers and supervisors.
 - Mental Health Boards and Commissions member training
 - Training for other stakeholder groups as needed.
- b) A description of the content of proposed/anticipated trainings. Content should include but is not limited to:
 - Background on the public mental health system, systems of care and the MHSA
 - Concepts of recovery and resiliency
 - Cultural competence
 - The county's underserved and unserved communities, including reduction/elimination of racial and ethnic disparities.
 - County-specific information that describes population and utilization data by age, gender and race/ethnicity; and current staffing/provider data.
 - How to hold a successful and interactive public hearing
 - How to make systems changes
 - Background on consumer and family operated services

5. Community Program Planning Budget Worksheet

Counties must submit a detailed budget with the Funding Request using Attachment C. These MHSA funds are to be used for expenditures for Community Program Planning and promotion of system change consistent with the MHSA.

EXHIBIT A-1

COUNTY FUNDING REQUEST FACE SHEET MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

Date Submitted: _____

Name of County: _____

County Contact Person (include title, address, telephone and fax numbers and e-mail address):

Funding Requested: \$ _____

**Signature of County
Mental Health Director
(Required):** _____

Submit Funding Request no later than March 15, 2005 to:

Ms. Lynette Kral
County Operations Section
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Tel: 916-654-2526
Fax: 916- 654-5591
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